

APPLICATION FOR ANNUAL SWIMMING POOL-SPA/HOT TUB OPERATING PERMIT
FREDERICK COUNTY HEALTH DEPARTMENT
WATER QUALITY OFFICE
350 MONTEVUE LANE
FREDERICK, MARYLAND 21702



Apartment () Camp () Community () Day Care () Hotel/Motel ()
School () Spa () Other () Please Specify _____

Application is hereby made for a permit to operate an Indoor () Outdoor ()
Swimming Pool () Spa/Hot Tub ()

Maximum Capacity of: Enclosure _____

Operating Period: All Year () Seasonal () From _____ To _____
Day Use: () Yes () No Night Use: () Yes () No

Days and Hours of Operation : _____

Name of Certified Pool Operator: _____

Expiration Date of Operator's License: _____

Name of facility as it is to appear on Permit: _____

Address of facility: _____

Phone Number

County

Address to which Permit is to be mailed: _____

Individual Owner of Facility _____

Phone Number of Owner _____

For other than individual ownership, provide legal name and mailing address of owner and local contact person, if owner is out of County.

Pool Management Company (if applicable): _____

Return permit application to: _____

Date _____ Signature of Owner or Agent _____